
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> <div style="text-align: center;">Site Number</div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> <div style="text-align: center;">Subject Number</div>				
	Protocol						

Plaque Psoriasis Medical History		
1 Psoriasis Medical History		
1.1	Medical History Category	MHCAT
1.2	What was the date of diagnosis of plaque psoriasis? (DD-MMM-YYYY)	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; left: 0; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 10%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 20%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 30%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 40%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 50%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 60%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 70%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 80%; top: 0; bottom: 0; width: 10%;"></div> </div> </div>
1.3	Medical History Term	PSORIASIS_MHTERM
1.4	Medical History Event Date Type	PSORIASIS_MHEVDTYP
1.5	Medical History Event Pre-Specified	PSORIASIS_MHPRESP
1.6	Medical History Event Occurrence	PSORIASIS_MHOCCUR
1.7	Medical History Term	FLARE_MHTERM
1.8	Medical History Event Date Type	FLARE_MHEVDTYP
1.9	Medical History Event Pre-Specified	FLARE_MHPRESP
1.10	Did the subject have a flare in the last 6 months?	<input type="radio"/> Yes <input type="radio"/> No
1.11	Evaluation Interval	FLARE_MHEVLINT
1.12	Chronological Order	FLARE_MHCRNORD
1.13	Start Date (DD-MMM-YYYY)	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; left: 0; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 10%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 20%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 30%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 40%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 50%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 60%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 70%; top: 0; bottom: 0; width: 10%;"></div> <div style="position: absolute; left: 80%; top: 0; bottom: 0; width: 10%;"></div> </div> </div>

	<div> <div></div> <div></div> <div></div> </div> <div>Site Number</div>		<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>Subject Number</div>				
	Protocol						

Plaque Psoriasis Medical History		
1 Psoriasis Medical History		
1.14	Is the most recent flare ongoing?	<input type="radio"/> <small>[Y]</small> Yes <input type="radio"/> <small>[N]</small> No
1.15	End Date (DD-MMM-YYYY)	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

FLARE_MHONGO

FLARE_MHENDAT